

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT, PARIS CONVENTION
NON PRIORITY; OR PROVISIONAL APPLICATIONS

DECLARATION
AND POWER OF ATTORNEY
U.S.A.

FOR ATTORNEYS' USE ONLY

ATTORNEYS' DOCKET NO.

P70482US0

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought in the application entitled:

EICOSAPENTAENOIC ACID (EPA) FOR TREATING ANOREXIA NERVOSA (AN) AND BULIMIA

which is described and claimed in:

☒ PCT International Application No. PCT/GB03/003985

filed September 16, 2003

☐ the attached specification

☐ the specification in application Serial No. _____

filed _____

(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

0221480.7

United Kingdom

16 September 2002

☒

☐

(Number)

(Country)

(Day/Month/Year Filed)

Yes

No

(Number)

(Country)

(Day/Month/Year Filed)

☐

☐

Yes

No

(Number)

(Country)

(Day/Month/Year Filed)

☐

☐

Yes

No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. _____

Filing Date _____

Application No. _____

Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME * OF INVENTOR	FAMILY NAME HORROBIN (DECEASED)	GIVEN NAME David	MIDDLE NAME Frederick
	RESIDENCE & CITIZENSHIP	CITY Stirling	STATE OR FOREIGN COUNTRY United Kingdom	COUNTRY OF CITIZENSHIP United Kingdom
	POST OFFICE ADDRESS	POST OFFICE ADDRESS: Kings Park House, Laurelhill Business Park, Polmaise Road	CITY Stirling, Scotland	STATE OR COUNTRY United Kingdom
202	FULL NAME * OF INVENTOR	FAMILY NAME AYTON	GIVEN NAME Agnes	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Staffordshire	STATE OR FOREIGN COUNTRY United Kingdom	COUNTRY OF CITIZENSHIP United Kingdom
	POST OFFICE ADDRESS	POST OFFICE ADDRESS: Huntercombe Stafford Hospital, Ivetsey Bank, Wheaton Aston	CITY Staffordshire	STATE OR COUNTRY United Kingdom
203	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*

David Horrobin
DATE 15.4.05

SIGNATURE OF INVENTOR 202*

Agnes Ayton
DATE 22.4.05

SIGNATURE OF INVENTOR 203*

DATE

☒ Additional sheet attached.

DECLARATION AND POWER OF ATTORNEY U.S.A.

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0221480.7	United Kingdom	16 September 2002
(Number)	(Country)	(Day/Month/Year Filed)
_____	(Country)	(Day/Month/Year Filed)
(Number)	(Country)	(Day/Month/Year Filed)

Priority Claimed

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Legal Staff
International Division

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Application No. _____	Filing Date _____	Application No. _____	Filing Date _____
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(Application Serial No.)

(Filing Date)

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(please use Attorney's Docket No.) (202) 638-6666

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY

inventor(s) name must include at least one unabbreviated first or middle name.

FULL NAME * OF INVENTOR	FAMILY NAME HORROBIN (DECEASED)	GIVEN NAME David	MIDDLE NAME Frederick
RESIDENCE & CITIZENSHIP	CITY Stirling <i>GBX</i>	STATE OR FOREIGN COUNTRY United Kingdom	COUNTRY OF CITIZENSHIP United Kingdom
POST OFFICE ADDRESS	POST OFFICE ADDRESS: Kings Park House, Laurelhill Business Park, Polmaise Road	CITY Stirling, Scotland	STATE OR COUNTRY United Kingdom
			ZIP CODE FK7 9JQ
FULL NAME * OF INVENTOR	FAMILY NAME AYTON	GIVEN NAME Agnes	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY Staffordshire <i>GBX</i>	STATE OR FOREIGN COUNTRY United Kingdom	COUNTRY OF CITIZENSHIP United Kingdom
POST OFFICE ADDRESS	POST OFFICE ADDRESS: Huntercombe Stafford Hospital, Ivetsey Bank, Wheaton Aston	CITY Staffordshire	STATE OR COUNTRY United Kingdom
			ZIP CODE ST19 9QT
FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY
			ZIP CODE

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
<i>Sharon K. Clayton</i>	<i>dv. Ayton</i>	
DATE 15.4.05	DATE 22.4.05	DATE

Additional sheet attached.

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Legal Staff
International Division

ADDED PAGE TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR SIGNING BY ADMINISTRATOR(TRIX),
EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE ON BEHALF OF
DECEASED OR INCAPACITATED INVENTOR (37 CFR 1.42 AND 1.43)

3-11

SHERRI CLARKSON

(type or print name(s) of administrator(trix), executor(trix), legal representative or all heirs)

hereby declare that I am a citizen of CANADA

residing at CROFTLEA, 50 KENILWORTH ROAD, BRIDE OF
ALLAN, FK9 4RS, SCOTLAND, UK GRX

and that I am executing and signing the declaration to which this is attached as (check one): ☒

- ☐ the administrator(trix) of
☒ executor(trix) of the last will and testament of
☐ legal representative (or heirs) of

Full name of (first, second etc.) deceased or incapacitated inventor
David Frederick HORROBIN

Country of citizenship of deceased or incapacitated inventor
United Kingdom

Residence of deceased or incapacitated inventor
Stirling, United Kingdom

Post Office Address of deceased or incapacitated inventor
Kings Park House, Laurelhill Business Park, Polmaise Road, Stirling, Scotland

NOTE: The name of the first, second etc. deceased or incapacitated inventor should preferably also be filled in at the appropriate prior space of the declaration adding the words "deceased-completed on added page" or "incapacitated-completed on added page."

That, upon information and belief, I aver those facts which the inventor is required to state.

✓ Date: 15.4.05

Sherri Clarkson

(Signature of administrator(trix), executor(trix)
legal representative (or all heirs))

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